



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**ABANDONED MONIES FORM**  
**INACTIVE MEMBER**

PLEASE PRINT

COMPLETE AND SEND TO:  
ASRS - Financial Services  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
Fax (602) 240-2096  
www.azasrs.gov

Disclosure of member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

**SECTION 1 – Name of Individual on ASRS Website**

Name (Last)	(First)	(Middle Initial)
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**SECTION 2 – Your Information**

Name (Last)	(First)	(Middle Initial)	
Mailing Address	City	State	ZIP
Daytime Telephone Number	Email Address		

Check one:

- ☐ I am the ASRS Member listed on the ASRS website.  
☐ I am providing information regarding the ASRS Member listed on the ASRS website.

**SECTION 3 – If you are the ASRS member named on the website, complete this section.**

Name of Last ASRS Employer	Last Contribution Date <u>or</u> Termination Date
Social Security Number	Date of Birth

Attach a copy of your Social Security card (required) **and** a copy of one of the following to prove your identity:

- ☐ Birth Certificate ☐ Military Records ☐ Passport ☐ Citizenship Papers ☐ Driver License ☐ State Issued ID

**SECTION 4 – If you have information on the ASRS member named on the website, complete this section.**  
**Provide as much information as possible to assist the ASRS in locating this member.**

Member Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Last Known Mailing Address	City	State	ZIP
Date of Birth	Telephone Number		

**SECTION 5 – Signature**

Signature	Date
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**Note:** Any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with Arizona Revised Statute § 38-793.

